Рто/Ѕв/122(06-03)

CHANGE OF ECORRESPONDENCE ADDRESS Application

Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| Application Numb r | 09/943,659 | | |
|------------------------|-----------------|---|--|
| Filing Date | August 31, 2001 | | |
| First Named Inventor | Mundy et al. | | |
| Group Art Unit | 1644 | | |
| Examiner Name | Maher M. Haddad | _ | |
| Attorney Docket Number | 10274-062001 | J | |

| Please change the Correspondence Address for the above-identified application to: | | | | | | |
|---|--------------------------|-------|----------------|-----|--|--|
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| Firm <i>or</i> Individual Name | Louis Myers | | | | | |
| Address | | | | | | |
| Address | | | | | | |
| City | | State | | Zip | | |
| Country | United States of America | | | | | |
| Telephone | (617) 542-5070 | Fax | (617) 542-8906 | | | |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). | | | | | | |
| I am the : | | | | | | |
| Applicant/Inventor. | | | | | | |
| Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. | | | | | | |
| Attorney or agent of record. Registration Number 35,965 | | | | | | |
| Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number 35,965 | | | | | | |
| Typed or Printed Name Louiş Myers | | | | | | |
| Signature Louis Myers Name Louis Myers Neg. Vo. 50,635 An LM | | | | | | |
| Date 17 Ochober 2003 Telephone (617) 542-5070 | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | |
| Total of forms are submitted | | | | | | |